

# GENEVA COUNTY JAIL INMATE REQUEST FORM

NAME \_\_\_\_\_ CELL \_\_\_\_\_ DATE \_\_\_\_\_

TELEPHONE CALL \_\_\_\_\_ MEDICAL ☒ DENTAL \_\_\_\_\_ HEARING REQUEST \_\_\_\_\_

GRIEVANCE \_\_\_\_\_ VISIT \_\_\_\_\_ PERSONAL PROBLEM \_\_\_\_\_ OTHER \_\_\_\_\_

SHERIFF ☒ JAIL ADMINSTRATOR \_\_\_\_\_ JUDGE \_\_\_\_\_ NOTARY \_\_\_\_\_

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

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DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER \_\_\_\_\_ MARTON \_\_\_\_\_ JAIL ADMINISTRATOR ☒ SHERIFF \_\_\_\_\_

JAILER \_\_\_\_\_ *[Signature]* \_\_\_\_\_ DATE *10/18/09* TIME *8:55 PM*  
SIGNATURE

TO BE PLACED IN INMATE'S FILE

*NOV 1* *205 PM*  
*[Signature]*

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PleaseGENEVA COUNTY JAIL  
INMATE REQUEST FORMNAME Nunn Jewel CELL L/S DATE 6-5-05

TELEPHONE CALL \_\_\_\_\_ MEDICAL \_\_\_\_\_ DENTAL \_\_\_\_\_ HEARING REQUEST \_\_\_\_\_

GRIEVANCE X VISIT \_\_\_\_\_ PERSONAL PROBLEM \_\_\_\_\_ OTHER \_\_\_\_\_SHERIFF X JAIL ADMINISTRATOR \_\_\_\_\_ JUDGE \_\_\_\_\_ NOTARY \_\_\_\_\_

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

Given when you had time I need you to come and look at the situation with me regarding it was for Mr. Owens being concerned and understanding that I'm a human-being the matter with my arm and the nurse. Also he told some of the staff not to be mean and respect some others. I can not live at the jail to work, that's Marlene, I'd like to see if we can get some help.

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER \_\_\_\_\_ MATRON \_\_\_\_\_ JAIL ADMINISTRATOR \_\_\_\_\_ SHERIFF \_\_\_\_\_

JAILER \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_  
SIGNATURE

TO BE PLACED IN INMATE'S FILE

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Please.GENEVA COUNTY JAIL  
INMATE REQUEST FORMCopy 1  
Please.NAME Nunn Lowe CELL 25 DATE 6-5-05

TELEPHONE CALL \_\_\_\_\_ MEDICAL \_\_\_\_\_ DENTAL \_\_\_\_\_ HEARING REQUEST \_\_\_\_\_

GRIEVANCE X VISIT \_\_\_\_\_ PERSONAL PROBLEM \_\_\_\_\_ OTHER \_\_\_\_\_SHERIFF X JAIL ADMINISTRATOR \_\_\_\_\_ JUDGE \_\_\_\_\_ NOTARY \_\_\_\_\_

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

I was running a fever Friday morning and had a fever around 300°  
 when I ask your jail administrator (Carl Rowe) to take me to get  
 some medical attention, he said it wasn't his job - the doctors' job.  
 I told him the symptoms I was having and he ignored the fact  
 that I was in extreme danger. I told him that I was in  
 danger and he said I was overreacting. I was in danger  
 because he said I was overreacting.

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER \_\_\_\_\_ MARTON \_\_\_\_\_ JAIL ADMINISTRATOR \_\_\_\_\_ SHERIFF \_\_\_\_\_

JAILER \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

TO BE PLACED IN INMATE'S FILE

Given to Sheriff on 6-6-05,

Return to file per

3401

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# GENEVA COUNTY JAIL INMATE REQUEST FORM

NAME Nunn Lowell CELL h/s DATE 6-16-05

TELEPHONE CALL      MEDICAL      DENTAL      HEARING REQUEST     

GRIEVANCE      VISIT      PERSONAL PROBLEM      OTHER     

SHERIFF X JAIL ADMINISTRATOR X JUDGE      NOTARY     

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

Can when you get time I want to go to the  
first train smoking, help me out I've tried  
of being down here. I'm ready to RIDE! I can  
can I get a contact visit with  
and one friend  
and one friend

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER MARTON JAIL ADMINISTRATOR      SHERIFF     

JAILER [Signature] DATE 6-20-05 TIME 1:00 p  
SIGNATURE

Apr. 6-20-05 TO BE PLACED IN INMATE'S FILE

6-20-05 Weeks when to take Paul  
to Dan. Paul said he don't  
want to go. Called RR  
PARRISH to get

GENEVA COUNTY JAIL  
INMATE REQUEST FORM

NAME \_\_\_\_\_ CELL 4/5 DATE 6-6-05

TELEPHONE CALL \_\_\_\_\_ MEDICAL \_\_\_\_\_ DENTAL \_\_\_\_\_ HEARING REQUEST \_\_\_\_\_

GRIEVANCE \_\_\_\_\_ VISIT \_\_\_\_\_ PERSONAL PROBLEM \_\_\_\_\_ OTHER \_\_\_\_\_

SHERIFF ☒ JAIL ADMINISTRATOR ☒ JUDGE \_\_\_\_\_ NOTARY \_\_\_\_\_

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

I need to see a doctor today  
the wound on my arm is getting  
deeper and is throbbing  
there's no feeling in it. If you don't come

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FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER \_\_\_\_\_ MATRON \_\_\_\_\_ JAIL ADMINISTRATOR \_\_\_\_\_ SHERIFF \_\_\_\_\_

JAILER [Signature] DATE 6-6-05 TIME 1215 PM  
SIGNATURE

TO BE PLACED IN INMATE'S FILE

Taken to ER 6-6-05  
30 3429

# GENEVA COUNTY JAIL INMATE REQUEST FORM

NAME Nunn Samuel CELL 4/5 DATE 6-4-05

TELEPHONE CALL      MEDICAL X DENTAL      HEARING REQUEST     

GRIEVANCE      VISIT      PERSONAL PROBLEM      OTHER     

SHERIFF X JAIL ADMINISTRATOR X JUDGE      NOTARY     

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

I need to go to the emergency room. I'm running a high fever. My arm is turning purple. I need medical attention. Call me. I can't wait for an appointment. I need to go to the emergency room. And don't forget to call me. I need a copy.

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER      MATRON      JAIL ADMINISTRATOR      SHERIFF     

JAILER      DATE      TIME       
SIGNATURE

TO BE PLACED IN INMATE'S FILE

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GENEVA COUNTY JAIL  
INMATE REQUEST FORMNAME Nunn Jewel CELL 45 DATE 6-3-02TELEPHONE CALL \_\_\_\_\_ MEDICAL X DENTAL \_\_\_\_\_ HEARING REQUEST \_\_\_\_\_

GRIEVANCE \_\_\_\_\_ VISIT \_\_\_\_\_ PERSONAL PROBLEM \_\_\_\_\_ OTHER \_\_\_\_\_

SHERIFF \_\_\_\_\_ JAIL ADMINSTRATOR \_\_\_\_\_ JUDGE \_\_\_\_\_ NOTARY \_\_\_\_\_

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

I have a sharp pain in my hole left arm  
which is a big knot up under my skin. I  
need to go to the emergency room, to get it  
seen about and get some pain pills. I believe  
it's staph infection. ASAP Call Greg.  
Thank You

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ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER \_\_\_\_\_ MARTON \_\_\_\_\_ JAIL ADMINISTRATOR \_\_\_\_\_ SHERIFF \_\_\_\_\_

JAILER \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_  
SIGNATURE

TO BE PLACED IN INMATE'S FILE

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